

ADDRESS / EMAIL CHANGE FORM

LICENSED CERTIFIED PROFESSIONAL MIDWIVES

Office Use Only

Please type or print using CAPITAL LETTERS and black ink.

Section 1: Biographical Data

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Social Security # (print clearly)

Date of Birth (print clearly)

KY LCPM License # (print clearly)

Section 2: New Address/Email Change

Street (print clearly)

City (print clearly)

State

Zip Code (print clearly)

County of Residence (print clearly)

Country, if not U.S.A. (print clearly)

International Postal Code (print clearly)

Email Address (print clearly)

Home Phone (print clearly)

Daytime Phone (print clearly)

Signature

Date

Return Completed Form To:

Credentials Department, Attn: Licensure Specialist
Kentucky Board of Nursing
312 Whittington Pky, Suite 300, Louisville, KY 40222-5172